

# myCGS

## User Manual

### CHAPTER 7



## 'Forms' Tab (for Part A Providers)



A CELERIAN GROUP COMPANY

Originated July 31, 2012  
Revised September 29, 2015  
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# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

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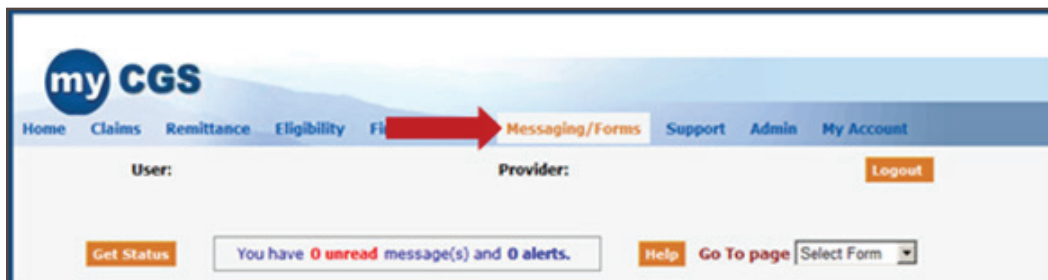
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### 'Forms' Tab

The 'Forms' tab allows providers to submit certain forms directly to CGS through the myCGS Web portal. Currently, 2 forms are available: Redeterminations and e-Offsets.

**Reminder:** Provider Administrators have access to all tabs within myCGS. Provider Users only have access to those tabs granted by their Provider Administrator. If you are a Provider User and the 'Messaging/Forms' tab is grayed out, but you believe you need access to the 'Messaging/Forms' Tab, you should contact your Provider Administrator.

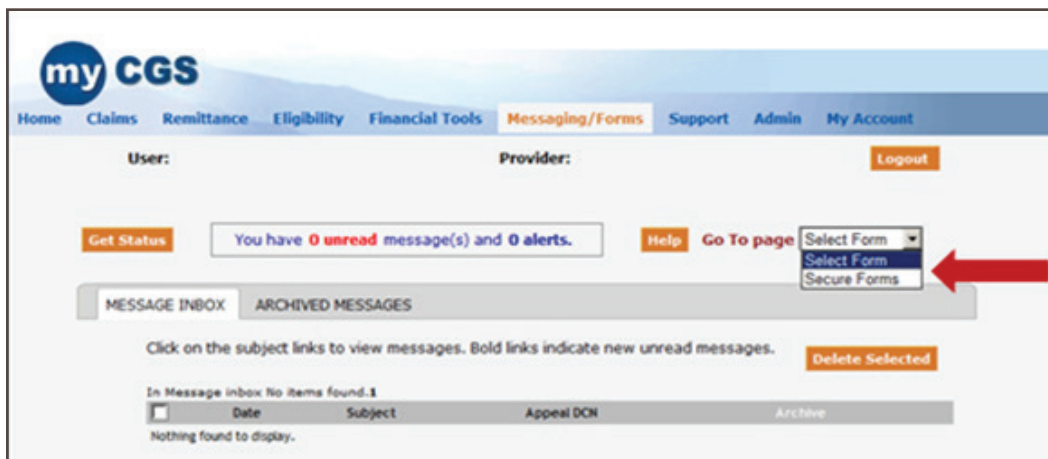


### SUBMITTING A REDETERMINATION REQUEST

The *Messaging/Forms* tab option within myCGS allows Users to submit a Redetermination request (1st level of appeal) to CGS using an electronic Redetermination Request Form. In addition, this tab allows Users to submit additional supporting documentation with their redetermination request. Users may also monitor the status of their redetermination request using this option.

### Accessing the myCGS Redetermination Form

Once you access the Messaging/Forms tab, in the "Go To page" field, click the drop-down box and select 'Secure Forms.'



Once on the 'Secure Forms' page, you will find options to Select a *Topic* and Select a *Type*. The 'Select a Topic' field will default to "Appeals", as this is currently the only





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option available. Likewise, the 'Select a Type' field will default to "First level appeal on a Medicare Claim."

**Secure Forms**

Welcome to secure forms. You can now submit forms to CGS Administrators securely through myCGS. You may attach up to five PDF attachments to each form. Each attachment can be up to 5MB in size. The forms and attachments are automatically entered into our workflow. This makes form processing more efficient and cost effective.

To begin, please select an answer to the questions from the drop-down selections below. Based upon the answer given for each of the questions, the available form(s) will appear at the bottom of this box. At this time, only Appeals forms are available.

Select a Topic: Appeals

Select a Type: First level appeal on a Medicare Claim

Is your appeal late? (over 120 days for a redetermination or over 365 days for a reopening): No

Redetermination: 1<sup>st</sup> Level Appeal (EA-J15-A-1000)

### Determining Timely Appeal Request

Redetermination requests must be submitted within 120 days of the initial determination (i.e. date on the Medicare remittance advice). myCGS will ask "Is your appeal late?" and you must select "yes" or "no" from the drop-down box.

**Secure Forms**

Welcome to secure forms. You can now submit forms to CGS Administrators securely through myCGS. You may attach up to five PDF attachments to each form. Each attachment can be up to 5MB in size. The forms and attachments are automatically entered into our workflow. This makes form processing more efficient and cost effective.

To begin, please select an answer to the questions from the drop-down selections below. Based upon the answer given for each of the questions, the available form(s) will appear at the bottom of this box. At this time, only Appeals forms are available.

Select a Topic: Appeals

Select a Type: First level appeal on a Medicare Claim

Is your appeal late? (over 120 days for a redetermination or over 365 days for a reopening): No

Redetermination: 1<sup>st</sup> Level Appeal (EA-J15-A-1000)

If you are unsure whether your redetermination request is timely, myCGS offers a link to a CGS Appeals Time Limit Calculator to assist you. To access the Calculator, click on the calendar icon located in the lower-right of the screen.

each of the questions, the available form(s) will appear at the bottom of this box. At this time, only Appeals forms are available.

Select a Topic: Appeals

Select a Type: First level appeal on a Medicare Claim

Is your appeal late? (over 120 days for a redetermination or over 365 days for a reopening): No

Redetermination: 1<sup>st</sup> Level Appeal (EA-J15-A-1000)



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The Appeals Time Limit Calculator will open in a new window. Enter the date of the initial determination for the service being appealed and click *Calculate!*

The Appeals Time Limit Calculator will display the last day to submit your redetermination request in order to meet timeliness requirements. If your request is still within this timeframe, return to the Secure Forms screen to complete and submit the Redetermination form in myCGS.

### Completing the myCGS Redetermination Form

Once you have determined that your redetermination request is timely, click on the 'Redetermination 1st Level Appeal' link.

The myCGS 'Redetermination 1st Level Appeal' form will appear. There are three sections to the form: 1) Beneficiary Information; 2) Attachments; and 3) Provider Information. The Beneficiary Information and Provider Information sections are required, while the Attachments section is optional.

### 'Beneficiary Information' Section

You must complete the following Beneficiary Information fields to submit your redetermination request using myCGS:

- **Name of Medicare Beneficiary**
- **Medicare Number**
- **Date of Service From**
- **Date of Service To**
- **Claim Numbers (DCN)** – this is the document control number (DCN) of the original claim you are appealing. The DCN is available from your remittance advice.



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## 'Forms' Tab (for Part A Providers)

- **Add Claim** – If you wish to appeal another claim for this beneficiary and date of service, click the “Add Claim” button.
- **Please explain why you want to appeal this claim** – enter an explanation (1200 characters or less) for why you are requesting the appeal.

Redetermination: 1<sup>st</sup> Level Appeal- J15 Part A

**Beneficiary Information**

Name of Medicare Beneficiary :\* Joe Patient Medicare Number :\* 123456789A

Date of Service From :\* 06/01/2013 Date of Service To :\* 06/01/2013

Claim Numbers (DCN):\* Add Claim

987654321987654321

Please Explain why you want to appeal this claim :\*

I am appealing the denial because...

### 'Attachments' Section

Below the 'Beneficiary Information' section is the "Attachments" section. The 'Attachments' section of the Redetermination form allows you to attach documentation (e.g., medical records, operative/radiology reports) you would like CGS to consider when processing your redetermination request. You can attach up to five documents. Attachments can be up to 40MBs in size, not to exceed to total of 150MBs for all attachments. The documents must be in a PDF format.

To add an attachment, select the "Browse" button, and a window will open allowing you to locate the document you wish to add. Select the document to attach it. Repeat this process for each additional document you wish to attach.

**Attachments:** Please attach all documentation that you would like included in this redetermination. You should also include any documentation to support your redetermination request. Examples of supporting documentation would include:

**NOTE:** You may attach up to 5 documents. Each attachment must be a PDF and can be up to 40 MB in size. The total size of all attachments cannot exceed 150 MB.

Attachments: \* Browse...

### 'Provider Information' Section

Below the 'Attachments' section is the 'Provider Information' section. The Provider Name, Billing Provider Number, and Date fields will all auto-populate based on the provider number associated with the myCGS User ID. However, the name of the person completing the form must be entered in the 'Name' field.



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## 'Forms' Tab (for Part A Providers)

- **Name** – enter the name of the person completing the Redetermination form

Attachment 5  Browse... X

**Provider Information**

Provider Name : ABC PROVIDERNAME Billing Provider Number : 123456

Name : \* Jane Smith Date : 05/22/2013

\* Required Field

Submit Clear

### Submitting a Redetermination Request Form

Once all requested information has been entered, and all necessary documents have been attached, click on the “Submit” button.

Attachment 5  Browse... X

**Provider Information**

Provider Name : ABC PROVIDERNAME Billing Provider Number : 123456

Name : \* Jane Smith Date : 05/22/2013

\* Required Field

Submit Clear

An ‘e-signature’ box will appear, asking you to verify that the information entered and attachments are correct. This ensures the signature requirement for all redetermination requests has been met.

**Provider Information**

Provider Name : CGS

Name : \* Jane

\* Required Field

EA-J15-A-1000

**e-Signature**

Is this information correct? Please review your information and attachments carefully. If they are correct, please press Ok to submit. If not, press cancel.

By clicking on Ok button you are signing the form and are authorized to submit the information.

Ok Cancel

If the information was entered correctly, and all desired attachments were included, click ‘OK’ to submit the Redetermination form and all attachments.

If any information needs to be corrected, or if any attachments need to be added or deleted, click ‘Cancel’ to return to the form.



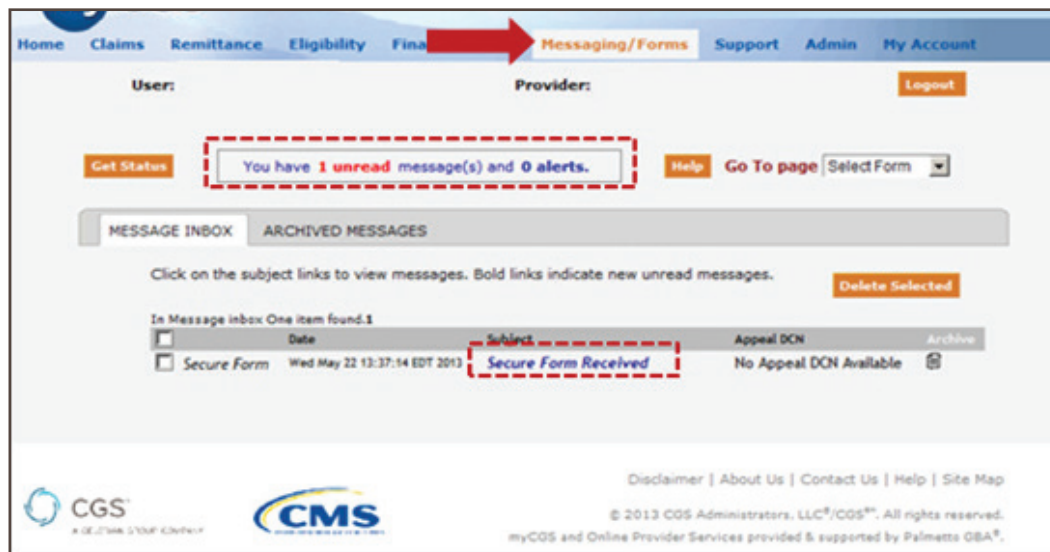


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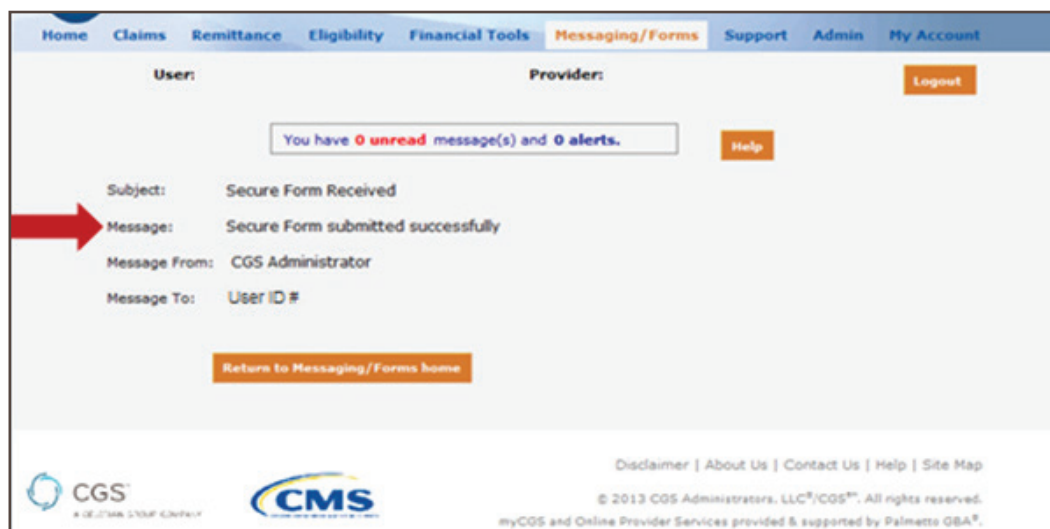
## 'Forms' Tab (for Part A Providers)

### Redetermination Submission Message and Appeal DCN

After submitting the redetermination form, you will receive a message in your myCGS inbox. You can access the message by either clicking on the *Messaging/Forms* tab located in the menu or clicking the link displayed in the *Message Bar*.



The message advised you that your redetermination request has been received. It will not display the Appeal DCN until one has been assigned by CGS.



Once CGS has assigned the Appeal DCN, you will receive another message confirming receipt of your redetermination request. Click on the link below the *Subject* column to view the message. The message identifies the DCN assigned to your redetermination request (i.e. Appeal DCN) and includes instructions on how to check the status.



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## 'Forms' Tab (for Part A Providers)

Home Claims Remits Eligibility Financial Tools **Messaging/Forms** Support Admin My Account

User: Provider: Logout

Get Status You have 1 unread message(s) and 1 alerts. Help Go To page Select Form

ALERT MESSAGE INBOX ARCHIVED MESSAGES

Click on the subject links to view messages. Bold links indicate new unread messages. Delete Selected

7 items found, displaying all items.1

Date	Form Type	Subject	Appeal DCN	Archive
Tue Feb 12 16:20:05 EST 2013	Secure Form	<b>Secure Form Confirmation</b>	13043073000000	
Tue Feb 12 16:15:20 EST 2013	Secure Form	Secure Form Received	13043073000000	
Mon Feb 11 08:00:06 EST 2013	Secure Form	Secure Form Confirmation	13042073000000	

### CHECKING THE STATUS OF A REDETERMINATION REQUEST

The message with the DCN assigned to the redetermination instructs you on how to view the status of your request. You can check the status from this screen by either selecting the *Get Status* button or clicking on the DCN in the message.

Home Claims Remits Eligibility Financial Tools **Messaging/Forms** Support Admin My Account

User: Provider: Logout

Get Status You have 0 unread message(s) and 1 alerts. Help Go To page Select Form

Subject: Secure Form Confirmation

Message: Your EA **13043073000000** has been received by CGS. The DCN assigned to your appeal request is **13043073000000**. To check the status of your request, sign into myCGS and select the message received. Click on the 'Get Appeal Status' button. Enter the DCN assigned to your appeal request in the 'Appeal DCN' box.

If you check the status by selecting the *Get Status* button, you must enter the DCN assigned to your redetermination and click 'Submit.'

Home Claims Remits Eligibility Financial Tools **Messaging/Forms** Support Admin My Account

User: Provider: Logout

Get Status You have 0 unread message(s) and 0 alerts. Help Go To page Select Form

Please enter the DCN assigned to your appeal request and click Submit. NOTE: The DCN is the XX-digit number assigned to your appeal request when it was submitted online.

Appeal DCN : \*

\* Required Field Submit

### VIEWING REDETERMINATION DOCUMENTS

Whether you check the status by clicking the *Get Status* button or by selecting the DCN within the message, myCGS displays the status of your request. It also gives you the option to view the Redetermination form you completed and any documents you attached to your request. Simply click the *View Documents* button.



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myCGS will display a link to the actual Redetermination form you completed (in a PDF format) and a link to the files you attached to the request.

The screenshot shows the 'Messaging/Forms' tab in the myCGS interface. At the top, there is a navigation bar with links: Home, Claims, Remits, Eligibility, Financial Tools, Messaging/Forms (highlighted), Support, Admin, and My Account. Below the navigation bar, there are fields for 'User:' and 'Provider:', and a 'Logout' button. A 'Get Status' button is next to a message box that says 'You have 0 unread message(s) and 1 alerts.' To the right of this is a 'Help' button and a 'Go To page' dropdown menu labeled 'Select Form'. Below this, a text block states: 'The status of your Appeal DCN is displayed below. Click on the View Documents Submitted link to view the documents submitted for this request.' Underneath, it shows 'Appeal DCN: 13043073000000' and 'Appeal DCN Status: Received'. At the bottom, a 'View Documents' button is highlighted with a red rectangle.

This screenshot shows the same 'Messaging/Forms' tab, but with the 'View Documents' button highlighted by a red rectangle. Below the button, a box displays the following information: 'User entered information in PDF format', 'One item found.1', and a list of 'Attached Files' containing 'HealthInsuranceForm.pdf'.

### SUBMITTING AN E-OFFSET REQUEST

The *Forms* tab option within myCGS also allows Users to submit an electronic authorization to offset from a pending overpayment due to CGS using an electronic e-Offset Request Form. Providers may request an immediate offset each time a demanded overpayment is received, or authorize a permanent request for all future demanded overpayments. Users may also monitor the status of their requests using this option.

#### Accessing the myCGS e-Offset Form

Once you access the Forms tab, in the “Go To page” field, click the drop-down box and select ‘Financial Forms.’



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## 'Forms' Tab (for Part A Providers)

You can also access the e-Offset form by selecting the 'Financial Tools' tab and then the *Financial Forms* sub-tab. Here you will find the options *Select a Topic* and *Select a Form*. The 'Select a Topic' field will default to "Financial," as this is currently the only option available. Under the 'Select a Form' drop-down, click on the 'eOffset' option to load the form.

### Completing the Immediate Offset Form (e-Offset)

Once you select the form, the myCGS 'e-Offset' page will appear. This page explains the immediate offset process and provides critical timeframes that must be considered prior to submitting a request.

There are three different forms available:

- **Provider Level Offset:** This option is selected to establish immediate offsets for any current and future overpayments.
- **Demand Letter Offset:** This option is selected if you have received a demand letter from CGS requesting an overpayment be returned.





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## 'Forms' Tab (for Part A Providers)

- **Stop Provider Level Previously Requested:** Select this option to cancel a request.

☐ **Provider Level Offset** - Offset the current overpayment and all future overpayments. (This option is for the PTAN/NPI combination for this ID. The selection of this option means offset will continue even if you choose to appeal the debt.)  
☐ **Demand Letter Offset** - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request. Please allow 10 calendar days to process request. It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed.  
☐ **Stop Provider Level Previously Requested** - It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed. This change will affect new debts created on and after the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.

Once you select an option, a disclaimer box will display to confirm timeframes and to ensure the User has selected the correct form.

### Provider Level Offset

After you accept the disclaimer, the *Provider Level Offset* form will display. The *Contract/Region*, *Provider Name*, *Provider Number PTAN*, and *Provider NPI* fields will show pre-populated and identify the User's information. You must complete the following fields to submit your e-Offset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **Name**

After completing all required fields, click *Submit* to submit the form.

An 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click *OK* if you agree or *Cancel* to return to the form to make corrections.





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## 'Forms' Tab (for Part A Providers)

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the e-Offset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See “Messages” in Chapter 6 for more details.

### Demand Letter Offset

After you accept the disclaimer, a window will appear allowing you to submit your request based on either the offset letter you received from CGS or up to 10 Accounts Receivable (AR) numbers identified on an attachment to the demand letter.

### Letter Option

Selecting the *Letter* option allows you to enter the number identified in the upper-right of the demand letter to request the immediate offset.

Once the form for this option displays, you will find the *Contract/Region*, *Provider Name*, *Provider Number PTAN* and *Provider NPI* fields will show pre-populated and identify the User's information. You must complete the following fields to submit your e-Offset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **Letter Number**



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## 'Forms' Tab (for Part A Providers)

- **Name**

the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.

**Demand Letter Offset**

Contract/Region:

Provider Name:

Provider Number PTAN:

Provider NPI:

Requestor Name: \*

Requestor Phone Number: \*


Letter Number: \*

Date of Overpayment Letter: \*

Name: \*

Date: 01/22/2014

\* Required Field



SubmitClearBack

After completing all required fields, click *Submit* to submit the form. An 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click *OK* if you agree or *Cancel* to return to the form to make corrections.

Provider Number PTAN:

Provider NPI:

Requestor Name: \*

Requestor Phone Number: \*

Name: \*


Date:

\* Required Field

**e-Signature**

Is this information correct? Please review your information carefully. If it is correct, please press Ok to submit. If not, press Cancel.

By clicking on the Ok button you are signing the form and are authorized to submit the information.



OkCancel

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the e-Offset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See "Messages" in Chapter 6 for more details.

### AR Option

Selecting the AR option allows you to request an immediate offset using the AR number assigned to the request.



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## 'Forms' Tab (for Part A Providers)

Please note: An immediate offset interest will not accrue on the overpayment as possible after being notified of the overpayment.

Select Letter or AR

Please Choose.

Letter AR

**Provider Level Offset** - Offset the entire overpayment for this claim. The selection on this option means that the entire overpayment is being requested. (This option is for the PTAN/NPI combination only. You choose to appeal the debt.)

**Demand Letter Offset** - Offset a particular overpayment. Enter one letter or up to 10 AR's per completed offset request. Please allow 30 calendar days to process request. It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed.

**Stop Provider Level Previously Requested** - It will be necessary to request an immediate offset on each PTAN/NPI combination.

Using the AR option will allow you to enter up to 10 AR numbers, which are identified on an attachment to the demand letter to request an immediate offset.

Invoice Number: 1234567891000P0B

Claim No.	Beneficiary Name	HIC No.	Service Date From	Service Date To
1234567891000P0B	JOHN A DOE	123456789A	02/06/2013	03/06/2013

Reason for Overpayment: This claim adjustment is for the final Home Health episode

Once the form for this option displays, you will find the *Contract/Region*, *Provider Name*, *Provider Number PTAN*, and *Provider NPI* fields will show pre-populated and identify the User's information. You must complete the following fields to submit your e-Offset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **AR Number**
- **Name**

Upon entering the AR number, the *Date of Overpayment Letter* and *Overpaid Amount* field will auto-populate.

Provider NPI: [pre-populated]

Requestor Name: Jenny

Requestor Phone Number: 000-000-0000

AR Number: 1234560001234567AA

Date of Overpayment Letter: 09/03/2013

Overpaid Amount: \$1,111.11

Once all fields are completed, click the "Add AR Details" button. All information will be added to the form. Enter additional ARs if submitting a request for more than one AR under the PTAN/NPI. Up to 10 ARs may be entered on the same form. If at any time the information is entered incorrectly, click the "Reset AR Details" button and re-enter the information. After entering all ARs, click the "Submit" button.



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Overpaid Amount: \*

Add AR Details Reset AR Details

AR Number	Date of Overpayment Letter	Overpayment Amount
12345600789123OAB	09/16/2013	\$1,111.11
12345600789123OAB	09/23/2013	\$1,111.11

Name: \* John  
Date: 01/23/2014

\* Required Field

Submit Clear Back

After clicking the SUBMIT button to submit the form, an 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click *OK* if you agree or *Cancel* to return to the form to make corrections.

Provider Number PTAN:  
Provider NPI:  
Requestor Name: \*  
Requestor Phone Number: \*

Name: \*  
Date:

\* Required Field

**e-Signature**

Is this information correct? Please review your information carefully. If it is correct, please press Ok to submit. If not, press Cancel.

By clicking on the Ok button you are signing the form and are authorized to submit the information.

Ok Cancel

Upon submitting the form, a message box will ask if there are additional ARs to enter. If so, press ADD. (myCGS will submit the ARs you entered then take you back to the form to enter more.) If there are no additional ARs to be entered, press SUBMIT.

Provider NPI:  
Requestor Name: \*  
Requestor Phone Number:

AR Number: \*  
Date of Overpayment Letter:  
Overpaid Amount: \*

**e-Signature**

Do you have additional ARs to enter? If so, press ADD to continue. If you are done, press SUBMIT.

ADD SUBMIT

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the e-Offset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See "Messages" in Chapter 6 for more details.

### Stop Provider Level Offset Previously Requested

Upon accepting the disclaimer, the *Stop Provider Level Previously Requested* form will display. The *Contract/Region*, *Provider Name*, *Provider Number PTAN*, and *Provider NPI*



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fields will show pre-populated and identify the User's information. You must complete the following fields to submit your e-Offset request using myCGS:

- **Requestor Name**
- **Requestor Phone Number**
- **Name**

combination. This ensures the appropriate validation process is completed.

Stop Provider Level Previously Requested - It will be necessary to request an immediate offset on each PTAN/NPI combination. This ensures the appropriate validation process is completed. This change will affect new debts created on and after the date this request is processed. Debts currently in an offset status will remain so until the debt has been satisfied.

**Stop Provider Level Offset**

Contract/Region:  
Provider Name:  
Provider Number PTAN:  
Provider NPI:  
Requestor Name: \*  
Requestor Phone Number: \*  
Name: \*  
Date: 08/23/2014

\* Required Field

Submit Clear Back

After clicking the SUBMIT button to submit the form, an 'e-signature' box will appear, asking you to verify that the information entered is correct. This ensures the signature requirement for all requests have been met. Click *OK* if you agree or *Cancel* to return to the form to make corrections.

Provider Number PTAN:  
Provider NPI:  
Requestor Name: \*  
Requestor Phone Number: \*  
Name: \*  
Date:  
\* Required Field

**e-Signature**

Is this information correct? Please review your information carefully. If it is correct, please press Ok to submit. If not, press Cancel.

By clicking on the Ok button you are signing the form and are authorized to submit the information.

Ok Cancel

After submitting the form, you will be taken to the *Message* tab. Shortly after submission, you will receive a confirmation message confirming receipt of the e-Offset request. A separate message will be sent to your inbox which will include a Submission ID assigned to your request. See "Messages" in Chapter 6 for more details.

### Checking the Status of an e-Offset Request

The message with the Submission ID assigned to the e-Offset provides instructions on how to view the status of your request. You can check the status from this screen by selecting the Submission ID in the message. The status can also be tracked by clicking the *Get Status* button located on the upper-right of your inbox.





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## 'Forms' Tab (for Part A Providers)

Home Claims Remittance Eligibility Financial Tools **Messages** Forms Support Admin My Account

User: Angela Doe Provider: Frederick Medical Center PSC Logout

**Message**

Subject: E-Offset Form Confirmation

Message: Your Offset request has been received by CGS. The Submission ID assigned to your Offset request is W123456789123456. To check the status of your request, select the Messages tab. Click on the "Get Status" button. Enter the Submission ID assigned to your Offset request in the "Submission ID" box.

Thank you for using myCGS!

Message From: CGS Administrators, LLC

Message To: Dab1234

Close

If you check the status by selecting the *Get Status* button, you must enter the Submission ID assigned to your e-Offset request in the 'Submission ID' field, and click 'Submit.'

Home Claims Remittance Eligibility Financial Tools Messages **Forms** Support Admin My Account

User: Provider: Logout

Get Status You have 8 unread message(s) and 0 alerts. Help Go To page [Select Form]

Please enter the Submission ID assigned to your request and click Submit. NOTE: The Submission ID was assigned to your request when it was submitted online (e.g., WContract/Region [redacted]).

Submission ID : \*

Submit Clear

A page will display with the Submission ID, the status of the request, the date/time the request was received, the type of e-Offset request submitted and the User's information.

Home Claims Remittance Eligibility Financial Tools Messages Forms **Support** Admin My Account

User: Provider: Logout

Get Status You have 8 unread message(s) and 0 alerts. Help Go To page [Select Form]

The status of your request is displayed below.

Submission ID: [redacted]

Submission ID Status: IN PROCESS

Date: 01/15/2014:13:37:07

Option Selected: Stop Provider Level Offset Previously Requested

Provider Name: [redacted]

PTAN: [redacted]



# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

Once your e-Offset request is processed and completed, you will receive another message with the Subject 'Secure Form Completed' in your message inbox.

myCGS

Home Claims Remittance Eligibility Financial Tools Messages Forms Support Admin My Account

User: Angela Doe Provider: Frederick Medical Center PSC Logout

Get Status You have 8 unread message(s) and 0 alerts. Help Go To page Select Form

The status of your request is displayed below.

Submission ID: [REDACTED]

Submission ID Status: COMPLETED

### Responding to Medical Review Additional Documentation Requests

The *Forms* tab within myCGS includes an option to allow users to submit documentation in response to additional development requests (ADRs) received from our medical review (MR) department. This option is offered as a convenience to you to facilitate an accurate and timely response to our requests. Responses to MR ADRs must be received within 30 days of the date on the request (effective April 1, 2015, this timeframe will change to 45 days per, <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8583.pdf>).

#### ACCESSING THE MR ADR RESPONSE FORM

Once you access the 'Forms' tab, in the 'Go To Page' field, click the drop-down box and select 'MR ADR' (You can also access the form from the 'Go To Page' field located under the 'Claims' and 'Messages' tabs).

myCGS

Home Claims Remittance Eligibility Financial Tools Messages Forms Support Admin My Account

User: Provider: Logout

Get Status You have 1 unread message(s) and 0 alerts. Help Go To page Select Form

Secure Forms

Welcome to secure forms. You can now submit forms to CGS Administrators securely through myCGS. We have several forms to select from and we continually add new forms. Please check back often for new forms! To begin, please select form in the Go To Page field above.

Once you are on the MR ADR landing page, click the link to access the form.



# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

### MR ADR

Beginning January 2015, a new process will be implemented for all Part A, B, and HHH providers, physicians, and other suppliers. On occasion, CGS' Medical Review areas need additional documentation for submitted claims. CGS will send the provider a letter requesting the additional documentation. This new process allows you to submit requested documentation to us electronically.

There may be required information that is necessary in order to submit this documentation. Most of the information can be obtained from the ADR sent to you.

You may attach up to five PDF attachments. Each attachment can be up to 5MB in size. The forms and attachments are automatically entered in our workflow. This makes form processing more efficient and cost effective.

MR ADR: MR-J15-A-3000

### COMPLETING THE MR ADR RESPONSE FORM

When completing the MR ADR Response form, please be sure to view the ADR on FISS Page 07 to help ensure the form is completed accurately.

REPORT: 001                      MEDICARE PART A 15101                      PVDR NO : 777777777  
DATE : 02/05/2015      ADDITIONAL DEVELOPMENT REQUEST      BILL TYPE: XXX  
CASE ID: 15101XXXXXXXXXXXXXXIAR  
   PART A PROVIDER  
   123 MAIN STREET  
   ANYTIME                      KY 40202 1234

WE HAVE REVIEWED THIS CLAIM RECORDS AND FOUND THAT ADDITIONAL DEVELOPMENT WILL BE NECESSARY BEFORE PROCESSING CAN BE FINALIZED. TO ASSIST YOU IN PROVIDING THE REQUIRED INFORMATION, WE HAVE ASSIGNED REASON CODES TO THE AFFECTED CLAIM RECORD (SEE BELOW) FOR YOUR REVIEW. PLEASE REFER TO THE ACCOMPANYING LIST FOR EXPLANATION OF THE ASSIGNED CODES. WE MUST RECEIVE THE REQUESTED INFORMATION BEFORE THE DUE DATE LISTED BELOW

   CGS J15 MAC  
   J15 – PART A CORRESPONDENCE  
   P O BOX XXXX  
   NASHVILLE                      TN 37202

PATIENT CNTRL NBR:                      DUE DATE: 03/23/2015  
MEDICAL REC NO:                      DCN: 21415123456789PAR  
HIC: XXXXXXXXXA      PATIENT NAME: BEN E      FICIARY  
FROM DATE: 02/02/2015      THRU DATE: 02/02/2015      OPR/MED ANALYST:  
TOTAL CHARGES:      2500.00      ORIG REQ DT: 02/05/2015      CLM RCPT DT: 02/03/2015  
PRESS PF3-EXIT      PF5-SCROLL BKWD      PF6-SCROLL FWD      PF8-NEXT      PF9-UPDT

Once you select the link from the landing page, the myCGS 'MR ADR Response' form will load. There are four sections to the form: 1) Provider Information; 2) Patient & Claims Information; 3) Attachments; and 4) Electronic Signature. Each field marked with a RED asterisk (\*) is required.

#### 'Provider Information' Section

This section will be pre-populated based on your myCGS account.



# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

### Provider Information

Contract/Region : Part A Kentucky  
Provider Name : Part A Provider  
Provider Number (PTAN) : 777777  
National Provider Identifier (NPI) : 777777777

### 'Patient & Claims Information' Section

You must complete the following fields:

- **Health Insurance Claim (HIC) Number**
- **Document Control Number (DCN):** The DCN is located on FISS Page 07.
- **Edit Reason Code:** The Edit Reason Code is located on FISS Page 08 (only while the claim is in ADR S/loc S B6001)
- **From/To Service Date:** Select the date of service from the calendar icon or enter in the XX/XX/XXXX format

The screenshot displays the 'Forms' Tab interface with the following fields and components:

- HIC Number:** \* XXXXXXXXXXA
- DCN:** \* XXXXXXXXXXXXXXXPAR
- Re-enter DCN:** \* XXXXXXXXXXXXXXXPAR
- Edit Reason Code:** \* 5057T
- Service Date From:** \* 04/01/2015
- Service Date To:** \*

A calendar widget is open, showing the month of April 2015. The date 13 is highlighted. The calendar has a header with days of the week (Su, Mo, Tu, We, Th, Fr, Sa) and a grid of dates from 1 to 30.

Below the calendar, there are three attachment fields:

- Attachments:** Please a Response. You should
- Attachment 1:** \*
- Attachment 2:**
- Attachment 3:**

Each attachment field has a 'Browse' button next to it.

Once all information is entered, click 'Validate'. myCGS will validate the information entered for completeness and accuracy. If information is missing or invalid, you will receive a message identifying the fields that must be corrected. If the information is complete and correct, you will see this message at the top of the screen:



# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

### 'Attachments' Section

This section of the MR ADR Response form allows you to attach the documentation requested in the ADR (e.g., medical records, operative/radiology reports) directly to the form. You can attach up to 5 documents (up to 5 MB each). The documents must be in a PDF format. *NOTE: At least ONE document must be attached to the form.*

To add an attachment, select the 'Browse' button and a window will open allowing you to locate the document within your system that you wish to add. Select the document to attach it. Repeat this process for each additional document you wish to attach. Click the RED 'X' to remove an attachment.

Below the 'Attachments' section is the 'Name' field. The first and last name of the person authorized to complete the form must be entered into this field.

### SUBMITTING THE MR ADR RESPONSE FORM

Once all information has been entered, the form validated and all necessary documents have been attached, click the 'Submit' button.

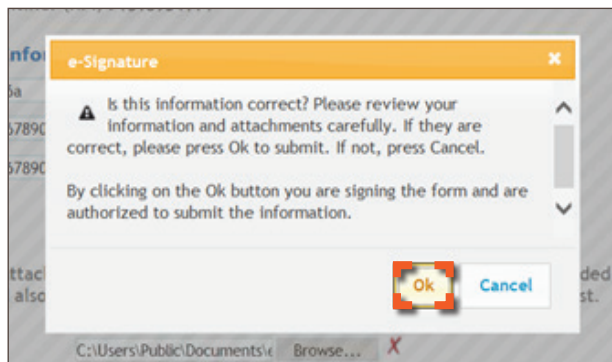
An 'e-Signature' box will display, asking you to verify that the information entered and attachments are correct. Clicking 'OK' also allows you to electronically sign the form.





# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

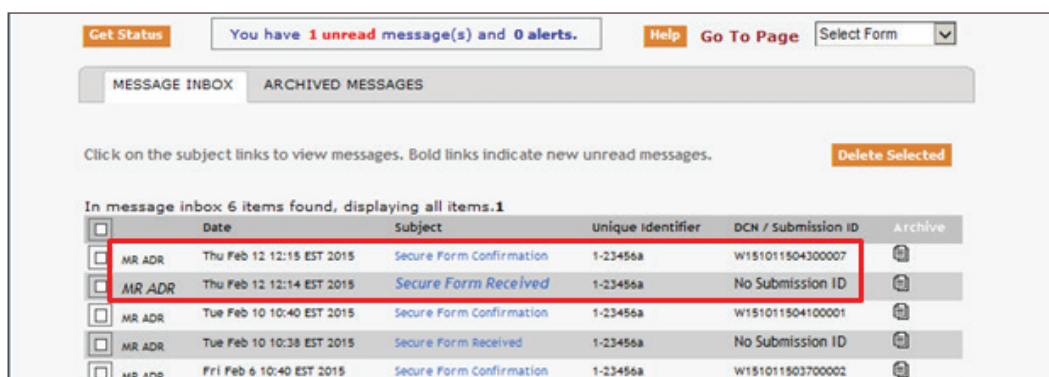


If corrections are needed to the form or if any attachments need to be added or deleted, click 'Cancel' to return to the form.

After submitting the form, you will be taken to the Messages tab where you will receive a message confirming receipt of the MR ADR Response form. A second message will be sent, which will include a Submission ID assigned to your request.

This is confirmation that the form was accepted and will be the final message received.

*NOTE: The second message can take up to 24hrs. to be received.*



Selecting the second message with the Submission ID assigned to the form provides instructions on how to view the status of your request. Once the message is open click on the Submission ID in the message, or select the 'Get Status' button located in the upper-left of the screen and entering the Submission ID.



# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

The screenshot shows the 'Get Status' button highlighted with a red dashed box. The message content is as follows:

**Subject:** Secure Form Confirmation

**Message:** Your MR ADR response has been received by CGS. The Submission ID assigned to your MR ADR Response is **W151011504300007**. To check the status of your request, sign into myCGS and select the Message Inbox tab. Click on the "Get Status" button. Enter the Submission ID assigned to your MR ADR request in the 'Submission ID' box.

**Thank you for using myCGS!**

**Message From:** CGS Administrators, LLC

**Message To:** 0kw5715

A 'Close' button is located at the bottom right of the message window.

The details of the MR ADR Response form submitted will display. It will show a 'CONFIRMED' status, confirming the MR ADR Response form was accepted.

The screenshot shows the 'Submitted Request Summary' page. The 'Submission ID Status' is highlighted with a red dashed box and shows 'CONFIRMED'. The page includes the following information:

**Submission ID:** W151011504300007

**Submitted Request Summary:**

**Provider Information**

**Provider Name:** Part A Kentucky

**National Provider Identifier (NPI):** 777777777

**Provider Number (PTAN):** 77777

**Patient & Claims Information**

**HIC Number:** XXXXXXXXXA

**DCN:** 21415123456789PAR

**Attached Files**

- HealthInsuranceForm.pdf

**Signature Information**

**Name:** Part A Provider **Date:** 02/12/2015

### CHECKING THE STATUS OF AN MR ADR RESPONSE

To confirm that your documentation was received and applied to the individual claim, use FISS Option 12. When the documentation has been applied to the ADRd claim, the claim will move to status location S M50MR. For more information, refer to Chapter



# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

Three: Inquiry Menu ([http://www.cgsmedicare.com/parta/edi/pdf/DDE\\_Chapter3.pdf](http://www.cgsmedicare.com/parta/edi/pdf/DDE_Chapter3.pdf)) of the *Direct Data Entry (DDE) User Manual*.

### Medicare Credit Balance Reporting

The *Forms* tab within myCGS includes an option to allow users to report credit balances. Providers use the quarterly CMS-838 report to disclose Medicare credit balances based on the number and amount of refunds due to the Medicare program. The option to report through myCGS is offered as a convenience to you to facilitate an accurate and timely report.

#### ACCESSING THE CREDIT BALANCE REPORTING FORM

Once you access the 'Forms' tab, in the 'Go To Page' field, click the drop-down box and select 'Financial Forms.' (You can also access the form from the 'Financial Tools' tab by selecting the 'Financial Forms' sub-tab.) Then select 'CMS 838 Credit Balance' from the drop-down options.

The top screenshot shows the myCGS homepage with the 'Forms' tab selected in the navigation bar. The 'Go To Page' dropdown menu is open, showing options like 'Redeterminations Part A', 'Redeterminations Part B', 'Redeterminations HHH', 'Financial Forms' (highlighted), 'Reopenings', 'MR ADR Part-A & HHH', and 'MR ADR Part-B'. The bottom screenshot shows the 'Financial Forms' sub-tab selected, displaying a 'Select a Form' dropdown menu with options like 'E-Offset' and 'CMS-838 Credit Balance' (highlighted).



# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

### COMPLETING THE CREDIT BALANCE REPORTING FORM

Once the Credit Balance form loads, you will find three main sections: 1) Provider Information; 2) Attachments; and 3) Electronic Signature. Each field marked with a RED asterisk (\*) is required.

#### 'Provider Information' Section

This section will be pre-populated based on your myCGS account.

- Select the quarter end date from the drop-down box
- Under 'Check One,' select an option:
  - Qualify as a Low Utilization Provider: Select this option if this situation exists <http://www.cgsmedicare.com/parta/pubs/news/2012/0312/336.html>
  - The Credit Balance Report Detail Page(s) is attached: Select this option if the appropriate documents are attached to the form
  - If there is no balance to be reported this quarter, select that option

Provider Information	
Contract/Region:	15XXX
Provider Name:	CGS SUPERADMIN
Provider Number (PTAN):	XXXXXXX
National Provider Identifier (NPI):	XXXXXXXXXX
Quarter End:*	Select ▼
Check One:*	<input type="radio"/> Qualify as a Low Utilization Provider
	<input type="radio"/> The Credit Balance Report Detail Page(s) is attached
	<input type="radio"/> There are no Medicare credit balances to report for this quarter (No Detail Page(s) attached)

#### 'Attachments' Section

This section of the Credit Balance Reporting form allows you to attach documentation (<https://www.cgsmedicare.com/parta/pubs/news/2015/0615/cope29544.html>) directly to the form. You can attach up to 5 documents (each up to 5 MB in size). The documents must be in a PDF format. *NOTE: As indicated on the form, the first attachment must be the CMS-838 Credit Balance form (<http://www.cgsmedicare.com/parta/pubs/news/2011/0911/032.html>).*

Note: 838 Form has to be the 1st attachment. Each attachment must be a PDF and can be up to 5 MB in size.		
Attachment 1: *	<input type="text"/>	Browse... X
Attachment 2:	<input type="text"/>	Browse... X
Attachment 3:	<input type="text"/>	Browse... X
Attachment 4:	<input type="text"/>	Browse... X
Attachment 5:	<input type="text"/>	Browse... X



# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

### 'Electronic Signature' Section

This section of the Credit Balance Reporting form allows you to electronically sign and submit the form.

- To sign the form, enter the name of the person authorized to submit the form on behalf of the provider
- Enter the title of the person submitting the form
- Include the name and contact phone number of someone CGS can speak with should there be questions about the submitted form
- Check the box certifying the form and attached credit balance reports are accurate

Sign: *	<input type="text"/>
Name:	CGS Provider
Title: *	<input type="text"/>
Date:	06/23/2015
Contact Person: *	<input type="text" value="CGS Provider"/>
Telephone Number: *	<input type="text" value="XXX-XXX-XXXX"/>
<input type="checkbox"/> I hereby certify that I have read the above statements and that I have examined the accompanying credit balance report and that it is true, correct and complete statement prepared from the books and records of the provider in accordance with applicable Federal laws, regulations and instructions.	
* Required Field	
<input type="button" value="Submit"/> <input type="button" value="Clear"/>	

### SUBMITTING THE CREDIT BALANCE REPORTING FORM

Once all information has been entered, the form validated and all necessary documents have been attached, click the 'Submit' button.

After submitting the form, you will receive a message under the 'Messages' tab confirming receipt of the Credit Balance Reporting form. A second message will be sent, which will include a Submission ID assigned to your request.

This is confirmation that the form was accepted. *NOTE: The second message can take up to 24hrs. to be received.*





# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

	Date	Subject	Unique Identifier	Submission ID	Archive
<input type="checkbox"/>	Credit Balance	Wed Jun 24 13:35 EDT 2015	Credit Balance Report Received	No Submission ID	
<input type="checkbox"/>	Credit Balance	Wed Jun 24 09:10 EDT 2015	Credit Balance Confirmation	W151011517500001	
<input type="checkbox"/>	Credit Balance	Wed Jun 24 09:05 EDT 2015	Credit Balance Report Received	No Submission ID	
<input type="checkbox"/>	Credit Balance	Thu Jun 11 11:30 EDT 2015	Credit Balance Confirmation	W151011516200010	

An e-mail will also be sent confirming receipt of the form, which includes the Submission ID and instructions on how to check the status.

E-Notice : Received Confirmation

mycgs.no.reply@onlineproviderservices.com  
Wed 6/24/2015 8:10 AM

To: CGS Provider

Your CMS 838 Credit Balance Report is currently pending review and processing. The Submission ID assigned to your request is W151011517500001. To check the status of your request, sign into myCGS and select the Messages tab. Click on the "Get Status" button. Enter the Submission ID assigned to your request in the "Submission ID" box.

Form Submitter Name: Part A Biller

Thank you for using myCGS!

Regards,  
CGS Administrators, LLC

### CHECKING THE STATUS

Selecting the message with the Submission ID assigned to the form provides instructions on how to view the status of your request.

Once the message is open, click on the Submission ID in the message, or select the 'Get Status' button located in the upper-left of the screen and enter the Submission ID.

Message

Subject: Credit Balance Confirmation

Message: Your CMS 838 Credit Balance Report is currently pending review and processing. The Submission ID assigned to your request is **W151011517500001**. To check the status of your request, sign into myCGS and select the Messages tab. Click on the "Get Status" button. Enter the Submission ID assigned to your request in the "Submission ID" box.

Thank you for using myCGS!

Message From: CGS Administrators, LLC

Message To:

The details of the Credit Balance Reporting form submitted will display.



# CHAPTER 7

## 'Forms' Tab (for Part A Providers)

[Get Status](#) You have **6 unread** message(s) and **0 alerts**. [Help](#) [Go To Page](#) Select Form

Your CMS 838 Credit Balance Report has been received, it is currently pending review and processing.

Submission ID: W151011517500001

Submission ID Status: IN PROCESS

**Attached Files**

- CMS838.pdf

**Submitted Request Summary:**  
**Provider Information**

<b>Provider Name:</b>	CGS Provider
<b>Provider Number (PTAN):</b>	XXXXX
<b>National Provider Identifier (NPI):</b>	XXXXXXXXXX
<b>Quarter End:</b>	03/31/2015
<b>Checkone:</b>	There are no Medicare credit balances to report for this quarter
<b>Sign:</b>	Part A Biller
<b>Name:</b>	Part A Biller
<b>Title:</b>	SPRR
<b>Date:</b>	06/24/2015:09:05:35
<b>Contact Person:</b>	CGS Provider
<b>Telephone Number</b>	XXX XXX XXXX